Analysis

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The main active preventative measures are those of cleaning the body and the clothes. The Burmese seem to be fastidious in this regard. The boiling of water and food is a similar measure. However, there does not seem to be much concern with communal sanitary measures as practical in western countries. It is difficult to see a real difference in the standard of preventative measures in Camp as opposed to Pethwe. In effect, the individual standards are maintained and the communal ones remain as negative as previously.

The medical record as given by the family, though open to question as to accuracy in coming from laymen, does indicate a high incident of communicable diseases and apparent lack of deficiency disorders. The low incident of dysentery is surprising, but may not be accepted without question. The high incident of piles is interesting in suggesting a cultural disorder perhaps organically tied to the constant squat position. There appeared to be a greater incident of eyesores, colds, and skin diseases in the refugee camp - perhaps as a result of greater crowding in the the urban situation. Certainly the dust of Rangoon is an active hazard in this regard.

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Most of the family's medical care has been that of Burmese practitioners. Only 3 cases was western medicine used, and in two of these Burmese remedies were also used. Dr. Sheppard, ECA medical advisor, and Ko Mya Tu interviewed U Myaing for the purpose of finding out his reactions to western medicine. His increased contact with modern medicine in Rangoon has had an effect on his thought as seen in the interview below:

> U Myaing said: "In our practical experience we find that western medicine is more efficacious (than native Burmese medicine). I remember the woman whom you (Ko Mya Tu) came and gave injections to. She recovered at once and is now hale and hearty - the woman who lives in the shed near our place (in the refugee camp). She was stricken with dysentery. She was suffering from 11 o'clock at night till morning, when an ambulance was summoned by telephone to take her to the hospital. She was given injections and by noon she was feeling very much better. Burmese doctors take much longer. Some of them mix in western medicines with their own. If we were given the choice we would prefer western medicine because it takes effect quicker..I have seen one case of Burmese medicine succeeding where western medicine failed. This was a case of urinary trouble."

21: Htin Aung E-5 (ca. 1930) 1937 AP1 Burma
Burmese AP4

536* 178 791 554 profession of mediums, they could break away also from the tradition and conservatism of the spirit worshippers. They were outside the religion and outside the spirit worship. They were fettered by nothing. They were the only persons who could develop new ideas with regard to the *Nibhatkhin*. And they were the first to realize the possibilities of the new entertainment. Soon they had developed it into the Burmese equivalent of the English interlude.

536* 178 522 The professional dancers became actors. People were no longer satisfied with mere dancing and singing, for the *Nibhatkhin* had given them some taste of the dramatic scene. Therefore the dancers in the middle of their entertainment paused and gave a little scene, or rather a one-act play. The male dancer became the hero, the female dancer the heroine, and the other two or three dancers became minor characters. The clown had been long before borrowed from the *Nibhatkhin*, and he became a mimic-dancer attending on the others. For two reasons the scene was always the forest. First, it did not need much stage scenery, as the branch of a tree would be enough to indicate that the action was supposed to be taking place in a forest. Second, the journey through a forest by the hero and heroine made it possible for human beings and fairies, demons and gods, princes and commoners to meet and take part in various adventures and misadventures. Thus the Burmese interlude came into being.

536* 744 Perhaps it is not illogical to wonder whether there was an intermediary stage of development, whether there were plays comparable to the English morality plays, bridging the gap between the *Nibhatkhin* on the one hand and the Burmese interlude on the other. It is of course impossible to be certain with regard to the question, for no Burmese miracle play or interlude has come down to us in writing. I have said[1] that there are oral accounts regarding the *Nibhatkhin* and that entertainment which I have termed the interlude, and also written accounts regarding the latter. But there is absolutely no mention in those accounts of anything which could be termed the Burmese morality play. Yet, I venture to think that there must have been plays comparable to the English moralities. If it should be presumed that the interlude developed directly out of the *Nibhatkhin*, there would be a big gap between the two. I think that the professional actors first gave semi-religious plays in imitation of the *Nibhatkhin*. I think also that there were also plays actually dealing with abstract notions of morality and religion which formed the

[1] Introduction, pp. 7–10.

21: Htin Aung E-S (ca. 1330) 1937 AP1 Burma
Burmese AP4

subject of the English morality plays. Again and again we find writers writing and actors saying in the prologue or epilogue that a play represents but life in its various stages; as man begins in laughter and ends in misery and death, a play begins with the happiness of the hero and heroine, and then goes on to tell of their misery and parting. To the conservative Burmese Buddhist, professional acting was a sin, and to get over the difficulty, the idea came into being that the play was only a species of preaching the religion. The existence of that idea perhaps supports my theory that there actually were plays dealing with morals which would favour the rise of such an idea. Perhaps the strongest evidence that there was a morality stage in the history of the development of Burmese drama is the existence of a popular play which has never been printed, but which is still sometimes acted. The play has no title. A rich miser marries a young wife and soon dies. The wife at once remarries. The miser now in Hell sues the wife and the new husband before the court of the governor of Hell, for the restitution of the property he had so patiently gathered and hoarded. There is a trial, and after hearing the arguments of both sides, the judge decides in favour of the young couple. The play ends with the judge moralizing on the emptiness and transitory nature of human riches. The play is quite crude and short, so that when presented today the actors have to lengthen the play to make it last the night. There is very little action, and the king of later dramas is absent. The names of the characters are general and abstract; Mister Miserly, Mistress Wife, Master New Husband, and Death (who takes the old husband to Hell).

The interlude was extremely popular, and at the court, at the houses of officials (the Burmese had no hereditary nobility, and the officials were the nobles) and at public feasts and festivals the interlude was presented. The importance of the interlude in the development of Burmese drama is great, but the importance of the professional actors who first presented the interlude in the development of the acting profession and stage conventions is even greater. The fact that the original members of the profession were outside the social pale caused all actors and actresses to be looked down upon; that fact explains why in an essentially democratic society it was said with contempt that 'beggars and actors, they are the eaters of food thrown away as waste'.[1]

[1] The stage conventions and the acting profession are described in detail in chap. vii.